AZUSA STREET APOSTOLIC NETWORK

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ASAN ASSOCIATE MINISTER ENROLLMENT FORM

○ **Associate Minister** ○ **Associate Licensed** ○ **Associate Ordained**

Minister Information

Applicant(Last)_____(First)_____(MI)_____
Co-Applicant(Last)_____(First)_____(MI)_____
Mailing Address: _____
City: _____State: _____Zip: _____
Home Phone: (____)_____ Country code: _____
Email: _____ Cell: (____)_____

Personal Ministry Information:
Ministry Name: _____
Mailing Address: _____
City: _____State: _____Zip: _____
Phone: (_____)_____ Country code: _____
Email: _____Web: _____
Home Church (if different than above):_____
Pastor's Name: _____Phone:(___)_____
Current Ministry Position: _____
Pastoral Approval(if not Sr. Pastor): I am in agreement with this ministerial relationship
Signature: _____ Date: _____

For A.S.A.N. Ordained Minister /Staff Use Only:

I recommend that_____ be accepted as a __ Associate __Licensed __Ordained ASAN / CIAN Associate Minister. Through my relationship as a CIAN Ordained Minister, I am assuming pastoral/apostolic oversight for this relationship.

_____ _____ _____
Print Name Signature Date